



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent	May 10 to County Superintendent
	February 15 to State Superintendent	May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees		
County:	District:	District Level:	
32 Missoula	0583 Missoula Elem	Elementary	

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	10bb	16.8	1.57	71	12/20/04		
100	1	10HB	11	1.57	71	12/20/04		
100	1	10HD	10	1.57	71	12/20/04		
100	1	10SD	19.4	1.57	71	12/20/04		
100	1	10sp	45	0.95	17	12/20/04		
100	1	11HB	16.8	1.57	71	12/20/04		
100	1	11HD	17	1.57	71	12/20/04		
100	1	11sb	33.5	1.57	71	12/20/04		
100	1	11sp	45	0.95	17	12/20/04		
100	1	12s	13	1.57	71	12/20/04		
100	1	12sp	45	0.95	15	12/20/04		
100	1	13bb	41.3	1.57	71	12/20/04		
100	1	13HD	6	1.57	71	12/20/04		
100	1	13sp	45	0.95	15	12/20/04		
100	1	14bb	49.1	1.57	71	12/20/04		
100	1	14HD	8.2	1.57	71	12/20/04		
100	1	14sp	45	0.95	15	12/20/04		
100	1	15sp	45	0.95	20	12/20/04		
100	1	16HBCD	27.9	1.57	71	12/20/04		
100	1	17BD	11	1.57	71	12/20/04		
100	1	17sp	45	0.95	20	12/20/04		
100	1	18HBD	51	1.57	71	12/20/04		
100	1	18sp	45	0.95	14	12/20/04		
100	1	19HBD	18	1.57	71	12/20/04		
100	1	19sp	45	0.95	15	12/20/04		
100	1	1hd	12	1.57	71	12/20/04		
100	1	1sb	16.7	1.57	71	12/20/04		
100	1	20sp	45	0.95	15	12/20/04		
100	1	21sp	45	0.95	15	12/20/04		
100	1	22sp	45	0.95	15	12/20/04		
100	1	23sp	45	0.95	15	12/20/04		



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees							
County:	District:					District Level:		
32 Missoula	0583 Missoula Elem					Elementary		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	27SP	45	1.15	53	12/20/04		
100	1	28SP	45	0.95	16	12/20/04		
100	1	2HD	11.9	1.57	71	12/20/04		
100	1	3hb	21.4	1.57	71	12/20/04		
100	1	4sb	19.6	1.57	71	12/20/04		
100	1	5hb	9.4	1.57	71	12/20/04		
100	1	5sp	45	0.95	18	12/20/04		
100	1	6HBD	18.3	1.57	71	12/20/04		
100	1	6SBD	20	1.57	71	12/20/04		
100	1	6sp	45	0.95	18	12/20/04		
100	1	7bb	24.3	1.57	71	12/20/04		
100	1	7hb	4.6	1.57	71	12/20/04		
100	1	7sp	45	0.95	18	12/20/04		
100	1	8sp	45	0.95	18	12/20/04		
100	1	9sp	45	0.95	18	12/20/04		
100	1	K1	19.1	0.95	18	12/20/04		
100	1	K3	38.4	0.95	15	None		
100	1	K5	27	0.95	15	12/20/04		
100	1	K7	25.7	0.95	18	12/20/04		
100	1	SE50	45	0.95	18	12/20/04		
100	1	SE51	45	0.95	18	12/20/04		
100	1	SE52	45	0.95	20	12/20/04		
100	1	SE53	45	0.95	14	12/20/04		
100	1	SE54	45	0.95	15	12/20/04		
100	1	SE55	45	0.95	15	12/20/04		



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent	May 10 to County Superintendent
	February 15 to State Superintendent	May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees	
County:	District:	District Level:
32 Missoula	0584 Missoula H S	High School

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	10BA	16.9	1.57	71	12/20/04		
100	1	11BA	36.4	1.57	71	12/20/04		
100	1	12BA	40	1.57	71	12/20/04		
100	1	16SP	45	0.95	20	12/20/04		
100	1	1BA	43	1.57	71	None		
100	1	1HA	133	1.57	71	12/20/04		
100	1	1SA	52.2	1.57	71	12/20/04		
100	1	1SP	45	0.95	20	12/20/04		
100	1	24SP	45	0.95	15	None		
100	1	25SP	45	0.95	19	12/20/04		
100	1	25SS	80	1.57	71	12/20/04		
100	1	26SP	45	0.95	19	12/20/04		
100	1	26ss	62	0.95	41	None		
100	1	29SP	45	0.95	48	12/20/04		
100	1	2BA	69	1.57	71	12/20/04		
100	1	2HA	136.6	1.57	71	12/20/04		
100	1	2SA	16.3	1.57	71	12/20/04		
100	1	2SP	45	0.95	27	12/20/04		
100	1	3BA	51.8	1.57	71	12/20/04		
100	1	3HA	76.3	1.57	71	12/20/04		
100	1	3SA	18	1.57	71	12/20/04		
100	1	3SP	45	0.95	13	12/20/04		
100	1	4BA	37.7	1.57	71	12/20/04		
100	1	4SP	45	0.95	18	12/20/04		
100	1	5BA	54.2	1.57	71	12/20/04		
100	1	5HA	19.6	1.57	71	12/20/04		
100	1	6BA	59	1.57	71	12/20/04		
100	1	6HA	29.7	1.57	71	12/20/04		
100	1	7BA	56.4	1.57	71	12/20/04		
100	1	7HA	25.6	1.57	71	12/20/04		
100	1	8BA	48	1.57	71	12/20/04		



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: 32 Missoula		District: 0584 Missoula H S					District Level: High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	8HA	55	1.57	71	12/20/04	_____	_____
100	1	9BA	45.9	1.57	71	12/20/04	_____	_____
100	1	9HA	26.9	1.57	71	12/20/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent	May 10 to County Superintendent
	February 15 to State Superintendent	May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees		
County: 32 Missoula	District: 0586 Hellgate Elem	District Level: Elementary	

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	4	1	36	1.57	71	12/31/04		
100	4	10	68	1.36	66	12/31/04		
100	4	11	27	1.57	71	12/31/04		
100	4	12	33	1.36	65	12/31/04		
100	4	13	13	1.57	71	12/31/04		
100	4	14a	10	1.57	71	12/31/04		
100	4	14b	10	1.57	71	12/31/04		
100	4	15a	15	1.57	72	12/31/04		
100	4	15b	37	1.57	72	12/31/04		
100	4	16	10.4	1.57	71	12/31/04		
100	4	2	49	1.36	65	12/31/04		
100	4	3a	13	1.36	65	12/31/04		
100	4	3b	17	1.36	65	12/31/04		
100	4	4a	13	1.57	71	12/31/04		
100	4	4b	18	1.57	71	12/31/04		
100	4	5a	17	1.57	71	12/31/04		
100	4	5b	18	1.57	71	12/31/04		
100	4	6a	21	1.57	72	12/31/04		
100	4	6b	21	1.57	72	12/31/04		
100	4	7a	20	1.57	71	12/31/04		
100	4	7b	20	1.57	71	12/31/04		
100	4	8a	22	1.57	72	12/31/04		
100	4	8b	22	1.57	72	12/31/04		
100	4	9	37	1.57	71	12/31/04		



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees							
County:	District:						District Level:	
32 Missoula	0588 Lolo Elem						Elementary	

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	7	1-A	6.2	1.36	66	01/19/05	_____	_____
100	7	1-B	4.9	1.36	66	01/19/05	_____	_____
100	7	2	25	1.36	66	01/19/05	_____	_____
100	7	3-A	26.8	1.36	66	01/19/05	_____	_____
100	7	3-B	19	1.36	66	01/19/05	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: 32 Missoula		District: 0589 Potomac Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	11	1	54	1.36	65	12/29/04	_____	_____
100	11	2	30	1.36	65	12/29/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
32 Missoula		0590 Bonner Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	14	1	10.7	1.57	71	12/29/04	_____	_____
100	14	10	8.8	1.57	71	12/29/04	_____	_____
100	14	11	6.5	0.00	72	12/29/04	_____	_____
100	14	12	3.8	0.00	72	12/29/04	_____	_____
100	14	14	5.7	0.95	10	12/29/04	_____	_____
100	14	15	5.7	0.95	10	12/29/04	_____	_____
100	14	2	3.7	0.00	71	12/29/04	_____	_____
100	14	3	10	1.57	72	12/29/04	_____	_____
100	14	4	3.2	0.00	72	12/29/04	_____	_____
100	14	5	7.2	1.57	71	12/29/04	_____	_____
100	14	6	3.2	0.00	71	12/29/04	_____	_____
100	14	7	16.7	1.36	66	12/29/04	_____	_____
100	14	7A	16.7	1.57	72	None	_____	_____
100	14	8	9.1	1.57	71	12/29/04	_____	_____
100	14	9	18.6	1.57	72	None	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: 32 Missoula		District: 0591 Woodman Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	18	1	128	1.57	71	12/20/04		



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
32 Missoula		0592 DeSmet Elem						Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	20	1	68.8	1.57	71	12/20/04	_____	_____	
100	20	2	25	1.57	71	12/20/04	_____	_____	



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
32 Missoula		0593 Target Range Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	23	1t-56	56	1.57	71	12/20/04	_____	_____
100	23	1T-56A	53	1.57	71	12/20/04	_____	_____
100	23	2t-50A	52	1.57	71	12/20/04	_____	_____
100	23	3T50A	52	1.57	71	12/20/04	_____	_____
100	23	55	55	1.57	71	12/20/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees							
County:	District:					District Level:		
32 Missoula		0595 Clinton Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	32	1 DAN/ERICA	59.2	1.57	72	None	_____	_____
100	32	2 BETTY	27.6	1.57	71	None	_____	_____
100	32	3 KEN/BOB	52	1.57	72	None	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: 32 Missoula		District: 0596 Swan Valley Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	33	NORTH	58	1.57	71	01/27/05	_____	_____
100	33	SOUTH	56	1.15	59	01/15/05	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State	<input type="checkbox"/>
District	<input type="checkbox"/>
County	<input type="checkbox"/>

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
32 Missoula		0597 Seeley Lake Elem						Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	34	I	58.8	1.57	71	None	_____	_____	
100	34	II	21.8	1.57	71	None	_____	_____	
100	34	III	47.6	1.57	71	None	_____	_____	



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees	
County:	District:	District Level:
32 Missoula	0599 Frenchtown K-12 Schools	High School

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	40	1	46.4	1.80	83	01/20/05		
100	40	10	28.6	1.57	72	01/20/05		
100	40	10A	30	1.57	72	01/20/05		
100	40	11	38.6	1.80	83	01/20/05		
100	40	12	25.8	1.80	83	01/20/05		
100	40	13	51.6	1.80	84	01/20/05		
100	40	14	81	1.80	83	01/20/05		
100	40	14A	1.4	1.80	83	01/20/05		
100	40	19	30	1.80	84	None		
100	40	19A	30	1.80	84	01/20/05		
100	40	2	62	1.80	84	01/20/05		
100	40	3	38.4	1.80	84	01/20/05		
100	40	3A	7.6	1.80	84	01/20/05		
100	40	4	64.4	1.80	84	01/20/05		
100	40	5	50.8	1.80	84	01/20/05		
100	40	6	32.2	1.80	84	01/20/05		
100	40	7	40.6	1.80	84	01/20/05		
100	40	8	27.6	1.80	84	01/20/05		
100	40	9	18.6	1.80	84	01/20/05		
100	40	Kindy 1	36.7	1.80	84	01/20/05		
100	40	Kindy 4	30.3	1.80	83	01/20/05		
100	40	Kindy 4A	30.3	1.80	84	01/20/05		
100	40	SE 16	26.1	0.95	16	01/20/05		
100	40	SE16A	2.2	0.95	16	01/20/05		
100	40	SE17	19.4	0.95	30	01/20/05		
100	40	SE18	28.5	0.95	30	01/20/05		
100	40	SE18A	13	0.95	30	01/20/05		
100	40	SE20	3.1	0.95	30	01/20/05		
100	40	SE21	11	0.95	16	01/20/05		